



# 2020 Madtown Skill Camps

## To Register For Camps...

Please complete and return the following:

- 1) *Registration Form (below)*
- 2) *Participant Release & Waiver*
- 3) *Payment*

### Madtown Skill Camps

Madtown Twisters 4 day Skill Camps offer an excellent introduction to the sport for beginners, and a chance to improve and perfect skills for more experienced gymnasts. Camps will include instruction on the four Womens Olympic events as well as trampoline and tumble-trak!  
Mid Morning Snack Provided

**Monday-Thursday 9:00am-12:00**

Ages 6-17

\$160/week

**Offered weeks of:**

June 29<sup>th</sup>

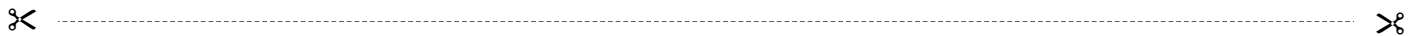
July 13<sup>th</sup> (Advanced-Competitive Gymnasts Only or consent-call for details)

August 10<sup>th</sup>

**The Best... Gymnastics, Fitness & Fun! ...Since 1982**

West Location 7035 Old Sauk Rd. Madison WI 53717  
Phone: 608-829-2922 info@madtowntwisters.com

Cotter-Brown, Inc. dba/ Madtown Twisters  
Mail: P.O. Box 620827 Middleton, WI 53562-0827  
www.madtowntwisters.com



<b>OFFICE USE</b>	<input type="checkbox"/> REG FORM?	<input type="checkbox"/> MED ALERT?	<input type="checkbox"/> MGR	<b>Madtown Twisters Skill Camp Registration</b>	SESSION:	<b>Summer 2020</b>
Family Last Name:		Billing Address:		City:	State:	Zip:
Parent #1 or Legal Guardian:			Home Phone:		Cell Phone:	

**Please Check Off Camp Week Choices**

Camper: \_\_\_\_\_

Bday: _____	Age: _____	Amt due: \$ _____
<b>Amount Enclosed</b>		\$ _____

Week of June 29 <sup>th</sup>	Skill Camp \$160	<input type="checkbox"/>
Week of July 13 <sup>th</sup>	**Skill Camp \$160	<input type="checkbox"/>
Week of August 10 <sup>th</sup>	Skill Camp \$160	<input type="checkbox"/>

\*\* advanced-competitive gymnasts only

By signing below, I understand and agree that there are no refunds within one week of any camp or credits for missed camps. Balances are due two weeks before camp or space may be forfeit. A completed and signed Release & Waiver Form is required before participation. I authorize card payment if completed below.

Parent/Legal Guardian Signature: <b>X</b>	Date:	Family Email:
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<b>CHARGE MY CARD</b>	PRINT NAME ON CARD:	CARD #:	EXPIRATION:	SECURITY CODE:	AMOUNT: \$ _____
<input type="checkbox"/> VISA <input type="checkbox"/> MC <small>DESTROYED AFTER USE.</small>					